

Upper Peninsula Laboratory Test Requisition

Michigan Department of Community Health - Bureau of Laboratories

ATDC Building 1402 East Sharon Avenue PO Box 38 Houghton Michigan 49931-0038

Phone: 906-487-3011 Fax: 906-487-3682 HTTP://www.Michigan.gov/mdchlab

Date Received at MDCH										MDCH Sample #													
AGENCY - SUBMITTER INFORMATION										ENTER EPIC CODE IF KNOWN >>>>>>													
Return Results to:										Phone (24/7)													
										Fax													
CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:																							
SUBMITTER'S SPECIMEN NUMBER - IF APPLICABLE																							
PATIENT INFORMATION - NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly																							
SUBMITTER'S PATIENT NUMBER - IF APPLICABLE																							
PATIENT'S CITY of RESIDENCE																				GENDER		• Female • Male	
RACE		• Black • White • Multiracial • American Indian • Asian/Pacific Islander • Unknown																					
ANCESTRY		• Hispanic • Non-Hispanic • Unknown										SOCIAL SECURITY #											
DATE OF BIRTH		M	M		D	D		Y	Y	Y	Y	ONSET DATE		M	M		D	D		Y	Y	Y	Y

SPECIMEN INFORMATION - INDICATE TEST REQUESTED

- | | |
|--|--|
| 0200 • Exudate/Wound Culture

0210 • Aerobe Culture Identification (Anaerobic specimens must go to Lansing)

0220 • Respiratory Culture (TB specimens must go to Lansing)

0400 • Urine Culture

0500 • Enteric Culture

0600 • Throat Culture-Streptococcal Only

2961 • *Bacterial Typing by Pulse Field Gel Electrophoresis - Specify Organism: _____

9999 • *Other - Specify: _____ | 0663 • <i>Chlamydia trachomatis</i> (non-culture) ¹

0701 • *Foodborne - Specify: _____

0801 • <i>Neisseria gonorrhoeae</i> – Isolation

0851 • <i>Neisseria</i> - Culture Identification

2100 • USR Test (Syphilis Serology) |
|--|--|

(*) INDICATES PRIOR APPROVAL REQUIRED

DATE COLLECTED		M	M		D	D		Y	Y	Y	Y	TIME COLLECTED								• A.M.	• P.M.
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INDICATE SPECIMEN SOURCE BELOW

- | | | | | | |
|-------------|------------------|--------------------------|----------|-----------|-------------------------|
| • Bronchial | • Culture | • Serum | • Stool | • Urethra | • Food - Specify: _____ |
| • Cervix | • Gastric | • Sputum | • Throat | • Urine | |
| • CSF | • Nasopharyngeal | • Other – Specify: _____ | | | |

INDICATE TEST REASON BELOW

- | | | |
|--------------------------|----------------|---------------------------------------|
| • Diagnosis | • Surveillance | • Suspected Outbreak – Specify: _____ |
| • Other – Specify: _____ | | |

STD² • Symptoms • Prenatal Visit • Infected Partner • Partner Risk • History of STD (< 3years) • Age recommended for Testing • Other

OUTBREAK IDENTIFIER (Foodborne ONLY - If Applicable)	ORGANISM SUSPECTED (If Applicable)

INSTRUCTIONS:

- \$ Submit **each** specimen with a completed requisition.
- \$ Information provided must include: Patient's name or a unique identifier, date of specimen collection, time of specimen collection, name & address of ordering physician (submitter), and the test to be performed. Additional information beyond the test requisition may be required dependent on the test requested. To avoid delays, complete the entire requisition as applicable.
- \$ The **test requisition** and **specimen container** must have matching patient name/unique identifier and/or other relevant information or the specimen will not be tested. If the name/unique identifier on the specimen container differs from that on the test requisition, **testing will not be performed!**
- \$ Specimens will be subject to rejection if they are of insufficient quantity, poor quality, excessive age for the type of examination requested, received with either specimen container unlabeled, test requisition incomplete or mismatched, submitted in an inappropriate manner or leaking.
- \$ Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates and other specimens attained by invasive procedures providing that the safety of the laboratory worker is not compromised.
- \$ Serum/plasma specimens will be rejected if in glass tubes or other non-MDCH approved containers.

DIAGNOSTIC SPECIMENS

Diagnostic specimens (urine, respiratory, exudate and wound) submitted for isolation and identification of significant pathogens will have an antimicrobial susceptibility test performed when appropriate.

ENTERIC CULTURE

Includes: *Salmonella*, *Shigella*, *Campylobacter*, and *E. coli* O157:H7.

Other enteric pathogens are available on special request.

MICROORGANISMS FOR IDENTIFICATION

Identification of miscellaneous aerobic and micro-aerophilic bacterial pure culture isolates. Anaerobic cultures **must** be sent to the Lansing laboratory for processing.

NEISSERIA CULTURE

Isolation and identification of *Neisseria gonorrhoeae* **only**.

FOODBORNE DISEASE INVESTIGATION

This test requires prior approval and supporting epidemiological data. This testing is performed when two or more unrelated individuals are reported ill from a common source. Significant epidemiological data is required to perform this test.

Requests for this test **must** come through the local county health department. Please contact the appropriate county office to request testing of foods.

This testing may include *Salmonella*, *Shigella*, *E. coli* O157:H7, *Clostridium perfringens*, *Campylobacter*, *Bacillus cereus* and *Yersinia enterocolitica* depending on the epidemiological data.

¹All tests positive for *Chlamydia* will automatically be tested for *N. gonorrhoeae* at no additional charge.

²Sexually Transmitted Diseases – Definitions

Symptoms:	Patient requesting examination due to symptoms, or, symptoms discovered on examination.
Infected Partner:	Patient has known exposure to STD (self-reported or documented).
Partner Risk:	Patient has multiple sex partners.
History of STD:	Patient has been diagnosed with a sexually transmitted disease within last 3 years.
Prenatal Visit:	Patient examination is part of prenatal visit.
Age recommended:	Recommended age criteria for screening female patients is ≤ 24 for family planning clinics, adolescent and juvenile detention sites, and all ages for STD clinics.
Other:	Screened for reason not stated above